

FORM OAR-7041  
(11-65)

**NOTICE OF INCORRECTLY PREPARED SELF-EMPLOYMENT SCHEDULE**

REFERENCE DP:

A. ☐ PREPARED BY DISTRICT DIRECTOR OF INTERNAL REVENUE

(IRD CODE \_\_\_\_\_)

B. ☐ PREPARED BY SOCIAL SECURITY ADMINISTRATION, BALTIMORE, MARYLAND 21235

C. CORRECTION TO BE MADE: 1. ☐ ON ATTACHED SCHEDULE 2. ☐ ON OTHER SIDE OF THIS FORM 3. ☐ CORRECTION HAS BEEN MADE ON SOCIAL SECURITY RECORDS

D. THIS FORM IS SUBMITTED TO EFFECT CORRECTION IN THE PREVIOUSLY SUBMITTED SELF-EMPLOYMENT SCHEDULE. SEE ITEMS CHECKED BELOW FOR REASONS AND RELATED INFORMATION:

- |  |  |  |
|--|--|--|
| 1. <input type="checkbox"/> TAXABLE PERIOD     | 5. <input type="checkbox"/> AMOUNT OF SELF-EMPLOYMENT INCOME               | 10. <input type="checkbox"/> SCHEDULE NOT DATE STAMPED                                   |
| 2. <input type="checkbox"/> BUSINESS ACTIVITY  | 6. <input type="checkbox"/> MORE THAN ONE SCHEDULE SUBMITTED               | 11. <input type="checkbox"/> ITEM 16 NOT COMPLETED                                       |
| 3. <input type="checkbox"/> NAME OF TAXPAYER   | 7. <input type="checkbox"/> UNABLE TO LOCATE PREVIOUSLY SUBMITTED SCHEDULE | 12. <input type="checkbox"/> DATE IN ITEM 16b INDICATES BOX IN 16a SHOULD NOT BE CHECKED |
| 4. <input type="checkbox"/> INCOMPLETE ADDRESS | 8. <input type="checkbox"/> INDIVIDUAL HAS BEEN NOTIFIED OF THIS REFERRAL  | 13. <input type="checkbox"/> ATTACHED OAR-7041A INCOMPLETE IN ITEMS _____                |

9. ☐ S. S. ACCOUNT NUMBER ON THE ENCLOSED SCHEDULE ISSUED TO \_\_\_\_\_

FORM OAR-7041A  
(11-65)

**CORRECTED SCHEDULE OF U. S. SELF-EMPLOYMENT INCOME**

1. \_\_\_\_\_ (SOCIAL SECURITY ACCOUNT NUMBER) 2. \_\_\_\_\_ (PRINT NAME OF INDIVIDUAL)

3. \_\_\_\_\_ (ADDRESS AS SHOWN ON SCHEDULE C) (STREET) 4. \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

5. BUSINESS ACTIVITY \_\_\_\_\_

	TAXABLE YEAR		NET EARNINGS	WAGES	SELF-EMPLOYMENT INCOME
INFORMATION PREVIOUSLY REPORTED	6. FROM _____	7. TO _____	8. _____	9. _____	10. _____
CORRECT INFORMATION	11. FROM _____	12. TO _____	13. _____	14. _____	15. _____

16a. ☐ CORRECTION CERTIFIED 16b. \_\_\_\_\_ (DATE) 17. IS CORRECTION RESULT OF AUDIT 18. \_\_\_\_\_ (DATE) 19. \_\_\_\_\_ (INITIALS)  
YES ☐ NO ☐

20. \_\_\_\_\_ (INTERNAL REVENUE ACCOUNT NUMBER OR SCHEDULE NUMBER) FOR S. S. A. USE ONLY

\* GPO : 1965 O-795-597

## CORRECTION OF WAGE SCHEDULE

TO: SOCIAL SECURITY ADMINISTRATION  
BUREAU OF DATA PROCESSING AND ACCOUNTS  
ATTENTION: EARNINGS REPORTS BRANCH  
BALTIMORE, MARYLAND 21235

DATE

SOURCE CODES

SC

DO

FOR  
SSA  
USE

<b>A. EMPLOYER INFORMATION PREVIOUSLY TRANSMITTED</b>	<b>B. CORRECT TO: (Use spaces below ONLY for E.I. No Change)</b>
E.I. NUMBER	E.I. NUMBER
EMPLOYER'S NAME	EMPLOYER'S NAME
TRADE NAME	TRADE NAME
ADDRESS	ADDRESS

## C. INFORMATION RELATING TO SSA SCHEDULES PREVIOUSLY TRANSMITTED

- C. 1 ☐ MULTIPLE SCHEDULES A WERE TRANSMITTED TO SSA FOR THE ABOVE E.I. NO. FOR THE PERIODS SHOWN IN "D" BELOW.
- C. 2 ☐ A SINGLE SCHEDULE A WAS TRANSMITTED TO SSA FOR THE ABOVE E.I. NO. FOR THE PERIOD SHOWN IN "D" BELOW.
- C. 3 ☐ THE ATTACHED CORRECTED (superseding) SCHEDULE A SHOULD BE SUBSTITUTED FOR THE PREVIOUSLY TRANSMITTED SCHEDULE SHOWN IN "D" BELOW.

## D. INFORMATION PERTAINING TO WAGE SCHEDULE(S) REFERRED TO IN "C"

SCHED. NO.	FORM	PERIOD	TOTAL WAGES	CORRECT PERIOD	DOCUMENT LOCATOR NO.	FOR SSA USE ONLY			
						AQ	SEQ	UNIT	MASTER BLOCK
1									
2									
3									
4									
5									
6									

## E. CORRECTION INSTRUCTIONS TO SSA

SCHEDULE NO. \_\_\_\_\_ SHOULD BE:

E. 1 ☐ CANCELLEDE. 3 ☐ CORRECTED TO THE EIN SHOWN IN BE. 2 ☐ CHANGED TO "CORRECT PERIOD" SHOWNE. 4 ☐ MADE SUPPLEMENTAL

## F. DISCREPANCY IDENTIFIED BY, OR REASON FOR, CORRECTION

F. 1 ☐ IRS/SSA EMPLOYMENT REPORT RECONCILIATION LIST CODE NO. \_\_\_\_\_F. 2 ☐ TO CORRECT A PREVIOUSLY SUBMITTED FORM 2889. INDICATE HERE THE PREVIOUS ADJUSTMENT ACTION REQUESTED.

REMARKS (Use reverse side if additional space is needed)